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Joint conference of the women's clubs of Chicago.

WHAT THE WOMEN OF ILLINOIS OUGHT TO KNOW AND OUGHT TO DO ABOUT THE QUESTION OF SOCIAL HYGIENE

A Report Submitted by the Committee Appointed at the Request of the Joint Conference of the Women's Clubs of Chicago.

Chicago, 1912.

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WHAT THE WOMEN OF ILLINOIS OUGHT TO KNOW AND OUGHT TO DO ABOUT THE QUESTION OF SOCIAL HYGIENE

A REPORT SUBMITTED BY THE COMMITTEE APPOINTED AT THE REQUEST OF THE JOINT CONFERENCE OF THE WOMEN'S CLUBS OF CHICAGO

Owing to many requests for information, on the part of club women, concerning the best methods of fighting prostitution and combating venereal disease, the presidents of the Woman's City Club, the Illinois League of Women Voters, and the Chicago Woman's Club called together on October 27, 1922, representatives of about one hundred organizations of women. At this meeting, attended by representatives of about half of these clubs, a Committee was appointed to set forth certain standards and to formulate a program for which women could work and fight if necessary. The following Report submitted by the Committee is intended to give information concerning the present situation in Illinois; to remove some misconceptions; and to serve as a basis for the discussion of present needs and policies. The report also offers suggestions to women's organizations in Chicago and throughout the state as to certain definite and practical ways in which they may assist in abolishing prostitution and its terrible consequences. We commend this report to the attention of all women who are interested in preserving the sanctity of their homes, the welfare of their children, and the honor of the city and their state.

Louise de Koven Bowen,
President, Woman's City Club

Flora Sylvester Cheney,
President, Illinois League of Women Voters

Grace E. Temple,
President, Chicago Woman's Club

REPORT OF THE COMMITTEE

Your Committee, after a careful consideration of the questions raised at the Joint Club Conference, decided to submit a series of suggestions which, it is hoped, different clubs in the city and in the state may be willing to consider. We submit also a brief review of our present methods of dealing with various social hygiene questions in Illinois, since such a review seems necessary as a basis for any discussion of present or future policies. These measures in Illinois fall into two groups: first, those affecting all classes and both sexes; and, second, those relating primarily to the prostitute class. In the first group, in which noticeable and very commendable progress has been made in recent years, are such measures as (1) the provision of free clinics for all persons suffering

from venereal disease; (2) the provision of hospital facilities for those who need them; and (3) moral education for the youth of the community both in the schools and at home. A brief statement is presented of the progress made in Illinois in each of these fields.

GENERAL MEASURES RELATING TO PUBLIC HEALTH AND EDUCATION

1. *Clinical facilities for the venereal disease.*—That the best curative treatment should be available to all persons of all classes suffering from these terrible diseases will not be questioned. Such clinics should be free, and attendance should be voluntary, since compulsion at present cannot and will not be applied equally to both men and women. As women of Illinois we commend the State and City Health Departments for the efforts they have been making in establishing free clinics in Chicago and in other parts of the state. A Division of Social Hygiene was first created in our State Department of Health in July, 1918, after a grant of $66,000 for this purpose had been made by the federal government. Later the Division was maintained on the basis of joint contributions from the state and the federal government until in 1921, when federal aid was withdrawn. Since then the Division has been entirely supported by a state appropriation of $100,000 annually. The Division made a beginning in 1919 with 6 clinics, which treated 3,926 cases; and the number had been increased until in the year ending June 30, 1922, eighteen clinics treated 44,475 cases, including 28,504 men and 15,971 women. In Chicago alone there are five Health Department clinics, which last year gave 44,407 treatments. These free public clinics are in addition to those in hospitals which are maintained on a private basis. The public clinics are supported upon a subsidy basis, the State Health Department and the local community sharing the expenses jointly.

A new and increased appropriation for developing this work will be needed next year, and we urge the women of the state to support the demand for an appropriation when the state legislature meets. Attendance at these clinics is voluntary and a sufficient appropriation should be secured to provide such facilities as will tend to attract and hold patients. We believe, however, that women patients at these clinics should be treated by competent women physicians. If such physicians are not available, a nurse should always be present in clinics where women are being treated. A woman social service worker should also be attached to each clinic. Such a worker could do much for the women who are suffering, not only to persuade them to continue treatments until physically cured, but also to assist those of the immoral class to re-establish themselves in proper occupations. It is clear that there is a moral as well as a medical problem here and that medical treatment alone, however skillful, will never be completely successful.

Have you one of these clinics in your community? Are there separate waiting rooms for men and women? Is there a woman there—a woman physician, a nurse, or a social worker—to attend and supervise and help the women who come to it?

2. *Hospital facilities.*—While we appreciate the fact that the state and city departments of health have shown a genuine desire to provide necessary hospital care for those in need, much more ample resources

should be available. The women of the state, in particular, are interested in certain aspects of hospital provision. Such hospitals should, in the first place, be on a voluntary basis. It is unjust and futile to compel a handful of persons to remain in a hospital under detention while thousands of other persons with the same infections are left at home and at work. It is important also that such hospitals should insure privacy for individual patients at each step, during examination, during diagnosis, and during treatment. A competent woman physician should have charge of the women and girl patients. Careful selection should be made of those who are to occupy the same room; for moral contagion as well as physical contagion must be prevented. Patients should not be left in idleness; and for those whose own experience or background or friends do not provide it, institutional occupations should be developed.

And finally, a social service department is all important. Little good is done, after all, if such persons are cured only to go back again to the hideous business of re-infection. A competent social worker could help many of these girls and women to find their way out of the tragic lives of degradation into which they have fallen.

3. *As regards education.*—In the city of Chicago we are glad to remember that our late leader, Mrs. Ella Flagg Young, attempted to introduce into the public school system the work of education in this field. The present Superintendent of Schools, Mr. Mortenson, has also shown a desire to advance this work. With due consideration of all the difficulties involved, we urge its extension as rapidly as public opinion can be prepared to accept it. Recent suggestions concerning the responsibilities of parents point to the importance of including this among the subjects that should be systematically and adequately presented before mothers' clubs, parent-teacher associations, and other organizations of women.

MEASURES AFFECTING THE PROSTITUTE CLASS

The second group of measures are those which practically deal only with the small class of professional prostitutes. There is already a considerable body of legislation on this subject consisting of acts of the legislature and of ordinances of the cities of the state. These statutes and ordinances may themselves be said to fall into two groups. In the first group are those time-honored and wholesome measures in which the community has from time to time declared its desire to abolish the whole system of prostitution. In the second group are certain measures that indicate a recent and dangerous tendency to legalize and regulate prostitution rather than to abolish it.

Houses of prostitution outlawed in 1845.—Looking at the measures of the first group, we note that the first of these measures was passed as long ago as 1845 (*Illinois Revised Statutes,* chap. 38, sec. 57), when the state legislature made it unlawful to keep or maintain or patronize these places; and as early as 1874 the legislature (*Illinois Revised Statutes,* chap. 24, sec. 245) put itself on record as declaring that neither the corporate authorities nor any board of health should ever be connected with the maintenance of such places. In express terms the city authorities were forbidden ever to license or to supervise these outlawed establishments. Unfortunately the policy of abolition was partially nullified

in practice by the failure of administrative officials to carry out this policy, and the early statutes were at a later date supplemented by a series of measures passed both by the state legislature and in Chicago by the City Council including such acts as the Injunction and Abatement Act, the Pandering Act, etc. (See *Illinois Revised Statutes,* chap. 38, sections 11, 57, 57a-1, 57g, 270; and see also *Chicago City Ordinances* 2012, 2014, 2015, 2018, 2019.)

As women of Illinois we are proud of the fact that our legislature at an early date wrote on our statute books the approval of what may be called the American system of abolishing prostitution instead of the European plan of tolerating and regulating it. If a doubt exists in the mind of any woman in Illinois as to the hideous results of the European system of toleration and regulation, we urge her to read the report on this subject by Mr. Abraham Flexner (*Prostitution in Europe,* Century Company). "Regulation has failed in the past," wrote Mr. Flexner after his careful study of conditions in the principal European cities, "even in the opinion of authorities theoretically inclined to believe in it" (p. 248).

Women should demand the enforcement of the "abolitionist" statutes. —This Committee urges the organized club women of Illinois to demand the vigorous enforcement of all these measures, new and old, which are based on the sound policy of abolishing prostitution and its terrible effects on public morals and public health. We believe on the other hand that women should view with alarm certain measures quite recently adopted which if pursued may lead to the introduction in our own country of certain phases of the dangerous European policy of "toleration." In this class fall such measures as the compulsory examination of women suspected of leading immoral lives, and the compulsory hospitalization of such women, "placarding," etc. In particular we believe the following section of a statute passed in 1919 is dangerous to public morals and should be repealed:

DUTY OF JUDGE OR JUSTICE OF THE PEACE WHERE PERSON CHARGED WITH CRIME IS SUFFERING FROM COMMUNICABLE VENEREAL DISEASE. When it appears to any judge or justice of the peace from the evidence *or otherwise* that any person coming before him on any criminal charge may be suffering from any communicable venereal disease, it shall be the duty of such judge or justice of the peace to refer such person to the director of such hospital, sanitarium or clinic, *or to such other officer as shall be selected or appointed,* for the purpose of examining the accused person and if such person be found to be suffering from any communicable venereal disease, he or she may by order of the court be sent for treatment to a hospital, sanitarium or clinic if any be available and if necessary to be segregated for such term as the court may impose at such hospital, sanitarium or clinic. (*Illinois Revised Statutes,* chap. 23, sec. 363.)

In practice this statute means that women who have not even been convicted of the violation of any law are, merely on suspicion, subjected to the unspeakable indignity, degradation, and torture of a compulsory examination. If found to have such a disease a sentence of compulsory hospitalization is imposed. The men who are the companions of these unfortunate women are in practice treated very differently. It is true that the word "persons" and not "women" is used in the law, but in Illinois, as in other communities where such laws have been passed, in practice it is regularly enforced, as it is meant to be enforced, against women alone. The law was passed in 1919, and in April, 1922, the

Chicago press announced as a sensational piece of news (see newspapers of April 15, 1922) that for the first time one of these sentences had been imposed on a man. That is, during the three years from 1919 to 1922 although the law said "persons," this provision had apparently never been in fact invoked against a man, whereas hundreds of women had undergone this humiliation. The present Commissioner of Health undoubtedly believes that the law is being used fairly in Chicago against both men and women, but we have good reason to believe that he is greatly deceived in this matter. He alone does not enforce the law. It is in the hands of the courts as well. And we have reason to believe that it is only the women and not the men who are subjected to this examination before any evidence has been heard by the court against them, and that it is only the women who are actually under detention for long periods of time. On this point your Committee wishes to quote and commend the words of Mr. Abraham Flexner:

> Prostitution must be punished if at all, because its consequences are bad, because of the waste it involves, the disease it spreads, the demoralization it entails. Yet so long as the woman alone suffers, these consequences are not abated. . . . . Punishment of the woman in any particular case stops none of these; the man simply wastes his substance upon others; contracts disease from other women and carries it elsewhere, even into his own family; corrupts others, in case a previous associate has been put out of reach by the law. To make prostitution a crime for the woman alone is therefore at once inequitable and futile. It is likewise becoming progressively more difficult. As long as societies were organized on the theory of the male superiority, the woman could perhaps be singled out to bear alone the burden of a dual offense. But that day is past. Theoretically, the equal ethical responsibility of both sexes in every relation in life is already recognized; it is rapidly becoming incorporated in law . . . . The stigma and consequence of crime must therefore be either removed from the woman or affixed to the man.

The essential viciousness of the present system.—The present system is objectionable because it leads to the continuation of the outlawed houses instead of to their abolition; it involves the use of the "raid," an un-American policy, which we unqualifiedly condemn; it involves also the degradation of the officials who enforce the law through the unlimited possibilities of corruption and "graft"; and it leads to the deterioration of public morals through the publication of sensational accounts of these activities in our press. Finally, the present system is based on a policy of discrimination against women. For, however fair-spoken the statutes may be in seeming to punish equally men and women who are equally guilty, or however good the intentions of our health officers may be in desiring to avoid discrimination against women—in practice it is impossible to enforce such laws in a fair way, and wherever such laws exist they are in fact enforced against women alone. We again urge the repeal of section 363, chapter 23, which by permitting forcible examination before trial virtually provides for the punishment of women before they are found guilty of any offense.

The futile system of "raiding" by the police.—The raid is a sensational, violent, and un-American method of law enforcement. It belongs more properly to the dark days of the Russian autocracy than to the twentieth century in America. A body or "squad" of police are rushed to the suspected places in patrol wagons; the various exits and entrances are guarded while the inmates are "rounded up." And while a neighborhood crowd of men, women, and children gather to look on, the inmates are forcibly conducted to the police stations. Later, the women

are taken to the Health Department for a compulsory examination; and they are then held by the police until the results of the examinations are available, when they are taken to court. The "raid," which is spectacular enough to blind the public into thinking that something is being done, is a futile method of dealing with this problem. A few houses are "raided" while others are left free to operate. And the "raided" houses frequently open again "for business" with new recruits within an hour after the police and patrol have left. A few women and girls are held in jail while the others, who if not already infected will soon become infected, are left free to take their places.

Women offenders should be in the custody of women police.—If a woman or a girl is to be arrested she should at least be taken into custody decently and quietly by a woman police officer, taken to a proper House of Detention for Women, placed in the hands of women social service workers, and given a chance to free herself from the slavery of her old life, to listen to "the faint voice of her better self."

Every prostitute is a woman in chains. Our Chicago Vice Commission in 1911 showed clearly that these unfortunate women are the miserable victims of a hideous system of commercialized vice that is too often protected for corrupt purposes. This whole system has been thoroughly exposed in Chicago not only by the official Vice Commission but also by the numerous reform organizations working in this field. Women have a heavy responsibility here, for public morals can only be protected by good government. Organized vice has been one of the heaviest contributors to corrupt political funds. With the corruption of government goes the corruption of public morals. Now that women have votes, the obligation lies heavy upon us to see that our administrative officials, even if moved by the best intentions, do not adopt policies that tend to perpetuate this infamous and degrading system.

Persecution of prostitutes not only unjust but futile.—We object to these measures, therefore, for many reasons, because, even prostitutes, poor and with no friends to see justice done, should surely be given fair treatment in our American courts instead of being punished before they are tried, while the men who have also been guilty escape. Our whole policy is that of persecuting the prostitute. In the old days she was fined and went back to ply her old trade. Today, she is arrested, compulsorily examined, and held in detention for treatment. In either case she shortly returns again to her old life, and the whole wretched business begins over again. The system is condemned by its obvious futility. "What can it avail," asks Mr. Abraham Flexner,

> to incarcerate for brief periods a few unhappy women, if meanwhile the manufacture of fresh foci of infection proceeds unhampered? As long as regulation completely omits men, new sources of infection are produced far more rapidly than by any known method they can be eradicated. A vicious circle exists. Men infect the beginners—themselves at the time out of reach—who in their turn infect other men. . . . . Prostitution is a concept involving two persons. Logic and justice alike require that both parties be considered as equal partners in the act; and in no respect is it more completely impossible to omit either of the two essential factors from the reckoning than in the matter of disease. Society has chosen to overlook the man; but nature has righted the balance by impartially distributing disease and suffering; nor will she permit herself to be outwitted by any one-sided scheme, even though it be far more extensive and efficient than regulation has thus far anywhere been.

Powers of health officers over contagious diseases.—We also find it necessary to call attention to certain methods that have recently been applied in the administration of the law dealing with the control of contagious diseases. This law gives the health officers very wide powers in the matter of isolating, quarantining, and placarding all cases of dangerous communicable disease. No one will deny the necessity of granting such powers to the health officials, but it is a fundamental principle that they should be uniform in their application. It is often said that there is no difference in the treatment of scarlet fever and the treatment of venereal disease, that both must be quarantined and the places in which they are found placarded. Although this sounds plausible, it is clear that there are very wide differences between the two. Every case of scarlet fever is supposedly known and placarded, whether the patient is rich or poor, a man or a woman. In the case of venereal disease only a very small proportion of cases are ever reported or known, and apparently the only ones that are ever placarded—and these are not quarantined, they are only placarded—are occasional cases in houses of prostitution. If scarlet fever and smallpox were not placarded, we would have no way of protecting ourselves from the contagion. People do not wantonly expose themselves to the dangers of these diseases. But it is a tragedy of our civilization that men do wantonly expose themselves to the venereal diseases. They know that by avoiding immorality they may escape contagion. Placarding is not necessary. More than that,—it is also futile and dangerous. For even the occasional placarding of places in which venereal disease has been found inspires confidence that the health officials are really quarantining all infectious places and leads to a false sense of security. The "house" that is not "placarded" is believed to be "safe," whereas it may become infected at any hour, at any moment. The woman who is not infected when one "raid" occurs may become infected long before another "raid" is made.

The city ordinances of Chicago and the orders of the State Board of Health show clearly the difference between venereal and other contagious diseases. Our Chicago ordinance making venereal disease reportable clearly says (1193b) that "the name and address of such diseased person shall *not* be reported to the Department of Health." A regulation of August 1, 1918, issued by the State Board of Health, makes venereal diseases reportable but provides that the name of the diseased person is to be omitted *if such person is not a prostitute, an associate of a prostitute,* is not in the military or naval service and gives assurance that he will take treatment and follow the instructions of the physicians.

The names and addresses of persons having smallpox and scarlet fever are not withheld from the Health Department. They are all reported so that every case may be quarantined. It is clear that the purpose of withholding names is to prevent the Health Department from quarantining the persons infected. Can anyone believe that the spasmodic quarantining of an occasional prostitute is a scientific proceeding in the name of public health. As a well-known authority (Hooker, *The Laws of Sex*) has pointed out the infected man who may later transmit disease to his innocent wife and children is a much more dangerous person from the standpoint of racial infection and is in much greater need of being quarantined if anyone is to be quarantined, than an occasional prostitute.

All these measures, which are really measures for the oppression and persecution of prostitutes, are objectionable for many reasons, but most of all they are objectionable because they are futile. Nothing could be more ineffective than a system of quarantine dealing only with women, or only with prostitutes. Statistics already quoted (see p. 4) from the records of our Illinois clinics show a much larger number of cases of venereal disease among men than among women. And the prostitute class includes only a fraction of the women infected with such diseases.

In testifying recently before a Parliamentary Committee in Great Britain, the Undersecretary of State for War said that the testimony of doctors had indicated that from 72 to 75 per cent of venereal disease came from the non-professional class. Similarly, Sir Archdall Reid in an article in the *Nineteenth Century,* August, 1921, said, "three out of four soldiers now acquire their infections from amateurs." And he added, "Evidently prostitutes only hang on the fringe" of current immorality.

Measures that merely punish the prostitute and then restore her to her trade have been abundantly experimented with in the past, and they have led to nothing but the continuation of venereal disease and the degradation of public morals.

Let us not deceive ourselves by the noise and clamor of raids into thinking that we are really doing anything to abolish either prostitution or venereal disease. Dealing with the prostitute clearly means dealing only with what Sir Archdall Reid called "the fringe" of current immorality.

Moreover, we should never lose sight of the fact that whenever a health officer knows of the existence of a house of prostitution whether venereal disease is present or not, it is his duty to report the fact to a law-enforcing officer and have it closed instead of having the inmates examined and placing a placard on the door.

SOME FACTS ABOUT WHICH THE PUBLIC IS MISINFORMED

Exaggerated reports concerning the prevalence of venereal disease.—Your Committee thinks it well to call attention to the fact that the reports of the extent of venereal disease are frequently grossly exaggerated. Wide publicity has been given in the press and elsewhere to a statement that five out of eight men under twenty-eight years of age, that is, approximately 63 per cent, are infected with a venereal disease. (See Chicago press, Tuesday, October 31, 1922.) This terrible statement if true would indeed be an indictment of our civilization. Fortunately, an authoritative basis now exists which utterly disproves such loose and reckless estimates. The monumental report issued from the United States War Department by Surgeon-General Ireland and his assistants on *Defects found in Drafted Men* (Washington, Government Printing Office, 1920) gives an authoritative statement as to the extent of venereal disease found among the second million registrants examined. The report showed that instead of more than *sixty* in a hundred, fewer than *six* men in a hundred were infected with any kind of venereal disease. In the Southern States the ratios ran higher. Thus in Florida, Georgia,

Mississippi, South Carolina, Louisiana, Alabama, and Arkansas, the rates ranged from ten to sixteen per hundred men. On the other hand in many states the rate was less than two in a hundred men. These states were New Hampshire and Vermont, Utah, North and South Dakota. And, in nineteen states, less than three in a hundred were infected. In Illinois the rate was 5.3 in a hundred. Making all due allowance for the fact that methods of diagnosis may not have been adequate to detect some of the less obvious cases, still the Surgeon-General's return of less than 6 per cent and the statements quoting more than 60 per cent are so wide apart that it is not surprising that the Surgeon-General noted in his report that "the total amount of venereal disease found is much less than many of the propagandists in the field of sex hygiene have asserted to be present in our population of young unmarried males" (p. 78).

We do not wish to minimize in any way the seriousness of an infection of 5 per cent, and we hope that every possible effort will be made to reach and to cure those who are suffering; but we believe that the Surgeon-General's statistics do show that there is no occasion for panic propaganda. Nor is there any reason for the adoption of hasty, doubtful, or ill-considered measures in a field where it is so easy to do more harm than good.

The development of moral standards versus regulation.—Another false contention is the claim that venereal disease continues to exist because in the past the only attempts to prevent it have been "along moral and educational lines." This is a statement that is very wide of the truth. As a matter of fact, in the past the moral and educational sides have been greatly neglected. The "abolitionist" laws have been only half-heartedly enforced, and until recently it was common for local authorities to tolerate vice, the "segregated district," and all the evils connected with it. The insistence on moral teaching is not old; it is new. The system that has failed is the old system of segregation and toleration.

Failure of "regulation" in England.—After a long history of "regulation" on a national scale in England, going back to the so-called Contagious Diseases Acts of 1864, 1866, and 1869, it was learned that the compulsory examination and detention of prostitutes led nowhere. The determined opposition, under the leadership of Josephine Butler, of the women of England to this degrading system led to the abolition in 1883 of the compulsory examination of women and in 1886 to the complete repeal of the Acts. These Acts were supposed by their authors to be necessary for the protection of the health of the men in the British Army. But time has proved that the better way of protecting their health was a method that also protected their morals. In 1886, when the Contagious Diseases Acts were abolished, the army returns for venereal disease showed a rate of 267 per 1,000 men, and this rate had fallen to 158 in 1896, to 81.8 in 1906, and to 50.9 in 1913.

A recent authoritative verdict against regulation came from the British Royal Commission on Venereal Disease, which issued its final report in 1916. This Commission, which was composed of twelve men and three women with Lord Sydenham as chairman and which included

in its membership such distinguished medical men as Sir John Collie, Sir Arthur Newsholme, and Sir Malcolm Alexander Morris, made a clear statement in their report as to the futility of the system of "regulation," and they reported that they wished to "place on record their view that the evidence which they have received, which includes that of several continental experts, points to the conclusion that no advantage would accrue from a return to the system of those Acts. So far from this being the case," they added, "it is to be noted that the great improvement as regards venereal disease in the Navy and Army has taken place since the repeal of the Acts" (Final Report, 1916, p. 2). And the report of the Commission also states, emphatically, "If venereal diseases are to be stamped out, it will be necessary not only to provide the medical means of combating them, but to raise the moral standards and practice of the community as a whole" (Final Report, p. 60).

Failure of regulation on the Continent.—The policy of "regulation," compulsory examination, registration, and control of prostitutes has been tried for more than a hundred years in Europe; and we have only to turn to Mr. Flexner's account of this policy to see how completely it has failed. Mr. Flexner reported that regulation as a system not only ran "counter to the modern spirit in ethics, in politics, and in hygiene," it was, he said, "positively harmful in its bearing on disease." Regulation he found had actually been

> a factor in perpetuating the conditions out of which it sprang. The existence of regulation amounts to a concession by the state that a vast volume of promiscuous intercourse is to be accepted as a fact; that for this purpose professional prostitution is recognized and, despite verbal quibbles, authorized. . . . . The prominence thus given to immorality operates psychologically as an incitement to it. The complacent attitude towards indulgence implied in the mild effort made by the state to remove or reduce its dangers indubitably diminishes internal inhibition. . . . . Nothing is more certain in the domain of effort and ethics than that good conduct is largely the response of the individual to the expectation of society: men "can because they think they can." Social stigma is a most powerful deterrent; social assent a powerful stimulus. Regulation implies the absence of any expectation of self-restraint; it is society's tacit assent to laxity. Nay more, it is an invitation to laxity in so far as it deprives dissipation of one of its terrors, for the existence of medical regulation must be interpreted as implying a certain degree of efficacy in the attainment of its object. There can, therefore, be no question that state regulation of vice increases the volume of irregular intercourse and the number of those who participate in it. Certain it is that the notion that male self-control is both possible and wholesome has spread "pari passu" with the attack on regulation and with the elevation of the status of woman that invariably accompanies this movement.—(*Prostitution in Europe,* p. 218).

The War responsible for a new interest in the maintenance of moral standards.—A new interest and a new concern over the maintenance of moral standards was felt by the men and the women of this country during the war. Every American woman may be justly proud of the fact that in the very beginning of our participation in the war our government adopted the theory that its young soldiers should be kept not only physically fit but morally fit. The program of the Commission on Training Camp Activities to provide recreational and educational facilities for the leisure hours of the soldiers received enthusiastic endorsement throughout the country. Public opinion quickly supported a plan for abolishing segregated districts and immoral houses instead of the hideous policy of examining and supervising prostitutes.

The relatives and friends of our young soldiers demanded that they should be returned to their homes not only free from physical disease but free from moral contagion. This is and should be the American policy, and the women's organizations in this city and state should guard it jealously against the encroachments of those who hastily rush forward with measures which threaten to undermine the moral standards of the community. Let us never deviate from the principle that prostitution can and must be abolished, and let us refuse to make any compromise with those who support the old, hated, and discredited principle that vice is necessary and can be made safe.

The hideous "prophylactic packet" system.—Unfortunately, however, the war was responsible for the spread of a great deal of misinformation about the so-called "prophylactic packet" system. Extravagant claims have been made as to the success of this system among the units in which it was used, and some public health officials have been demanding since the close of the war that the system be adopted for wide-spread use among the civil population. There are two questions to be raised here: First, Was the system successful as a war measure? Second, Is it suitable for use among the civilian population?

Fortunately, an authoritative answer to both of these questions has been furnished in two official British "white papers" both of which were issued after the war. The first of these is a "Report of the Interdepartmental Committee on Infectious Diseases in Connection with Demobilisation" (Lord Astor, Chairman) to the Ministry of Health on "Prophylaxis Against Venereal Disease" (Parliamentary Papers of 1919, Cmd. 322); and the second is a "Statement Made by the Ministry of Health, with Concurrence of the War Office, Relative to Incidence of Venereal Disease amongst Soldiers, etc." (Parliamentary Papers of 1920, Cmd. 505). The history and conclusions of the Astor report may be briefly stated. When a proposal was made in Great Britain that the public authorities should provide packets *before* exposure to infection as a possible method of preventing the spread of venereal disease during demobilization, the British Association for Moral and Social Hygiene, of which Dr. Helen Wilson is chairman and Mrs. Fawcett and Miss Maude Royden, Dr. Scott Lidgett, the Dean of Lincoln, Sir Charles Tarring, J. P., and Mr. Lees-Smith, M. P., and Dr. Douglas White are among the vice-chairmen, strongly protested against the adoption of this system on the ground that experience during the war had made it clear that the policy was "subversive of good morals" and tended "to increase promiscuity and therefore venereal disease." That is, the Association for Moral and Social Hygiene took the position that the system had not succeeded in making vice safe, that it had had the terrible result of creating a tragic illusion of security just as the old systems of regulation did, with a consequent increase in exposures and a resulting increase in venereal disease. Above all, it was pointed out, the system inevitably led to the moral degradation of those for whom it was provided.

In the face of the opposition aroused, action was postponed until after Lord Astor's committee could make a searching investigation of the question whether special encouragement should be "given officially by the government to the sale of packets, i. e., the provision before

exposure to infection, of means of prophylaxis for application or use by the individual, whether before or after such exposure." As to the use of the system during the war, the evidence collected by the committee showed that the highest venereal disease rates in the British forces were the rates for the Australian forces in spite of the fact that the Australians had the most complete prophylactic system that had been developed. "The system organized by the Australian forces was most thorough," says the report. "Men were almost individually instructed, and packets were handed with full directions to men going on leave. Theoretically," said the committee, "it should have reduced the venereal rate to negligible proportions." As a matter of fact, however, when the venereal disease rates for all British troops in the United Kingdom ranged from 36 to 43 per thousand in 1917-1918, the rates for the Australian troops ranged from 132 to 176.

The committee stated further that they held the evidence was not sufficient to prove that such methods met with success in the army use of them aside from certain exceptional individual cases. The committee said positively that among the troops "which during the war employed the prophylactic packet system most energetically no proportionate reduction was brought about in the infection rate."

Further statements as to the war experience are made in the "white paper" of 1920 in which it is shown that there were numerous cases of soldiers suffering from venereal disease in hospitals who had used the packet system with tragic consequences. On the basis of statistics from several British Military Hospitals presented in this white paper, it is stated emphatically that the evidence showed that venereal disease was by no means prevented "when the disinfectant is applied by the man himself; and this even when he has been in a military unit under military discipline and has been furnished with the usual lectures and posters together with personal instructions."

It may be well to quote also a statement on this subject made by Lord Sandhurst in the House of Lords, December 10, 1919:

> It has been frankly asserted . . . . . that if only the civil population were instructed to use proper disinfecting drugs . . . . . immediately after exposure to infection, and if outfits for this purpose were made generally available, the risk of venereal disease would be avoided; and that, if this policy were made general by the Government, the disease would before long disappear. But careful investigation has conclusively shown that even amongst the military, where disciplinary arrangements can be resorted to and instruction can definitely be given, there are found amongst soldiers in venereal disease hospitals substantial numbers of men who state categorically that they used permanganate of potassium within a few minutes after exposure. It is thus clear that even in circumstances especially favourable to instruction and to the method proposed, the risk of venereal disease is by no means certainly avoided; for even in those conditions a certain number of cases occur. How much more then would this be the case, and how far removed should we still be from secured immunity, *with the civil population,* in respect of whom the arrangements as to instruction and discipline adopted for the military would obviously be quite impossible (*Hansard,* column 877; December 10, 1919).

As to the moral aspect of the use of this system even among the military and naval forces, our Secretary of the Navy, Mr. Daniels, wrote to all commanding officers in 1915:

> The spectacle of an officer or hospital steward calling up boys in their teens as they are going on leave and handing them these "preventive packets" is abhor-

rent to me. It is equivalent to the government advising these boys that it is right for them to indulge in an evil which perverts their morals. I would not permit a youth in whom I was interested to enlist in a service that would thus give virtual approval to disobeying the teachings of his parents and the dictates of the highest moral code. You may say that the ideal raised is too high, and we need not expect young men to live up to the ideal of continence. If so, I cannot agree. It is a duty we cannot shirk to point to the true ideal—to chastity, to the single standard of morals for men and women. (Quoted in Hooker, *The Laws of Sex,* p. 260.)

Testimony as regards the American army was presented to the Astor Committee by Colonel Whaley and Major Skelton of the U. S. Army Medical Corps. These officers said:

Relative to the issue of medicaments for prophylactic treatment before exposure to risk of infection: The American Army does not issue for use, nor encourage the use of any medicaments or any other protective method before exposure. . . . . When prophylaxis was first instituted in the American Army, individual prophylactic tubes . . . . . were issued to enlisted men going to nearby towns from their garrison or camp. Public sentiment, on the ground that such issue was morally wrong and tended to be suggestive, forced the army authorities to abandon the issue.

Colonel Whaley in answer to questions stated that the system of issuing packets before exposure had been a failure in the American army and he was

strongly of opinion that for the civil population good propaganda and centres for proper treatment would be of considerable value, but he was decidedly not in favour of the issue of packets for self-disinfection. . . . . He was of the opinion that every effort should be made to promote morality among men, and to do away with the arbitrary differences of moral standard which existed between girls and young men in the same class of life (Cmd. 322, p. 21).

Further, as to the proposed extension of the prophylactic packet system to the British civil population the Astor Committee reported that as a result of examining the evidence secured from a large group of distinguished medical men and army officers, their conclusion was that prophylaxis methods would be much more difficult to apply to a civil population than to an army under military discipline.

They further stated it as their opinion that *"energy should not be dissipated on measures of doubtful value, but concentrated rather on wise propaganda and the provision of early, prompt, and skilled treatment, in order to diminish the prevalence of these diseases."* Finally the committee stated emphatically that the "true safeguard against these diseases is individual continence and a high standard of moral life. This implies a sound public opinion and a healthy national tone." The committee also added that they had set out to examine the evidence placed before them from the scientific and the medical point of view, and it is strictly in this spirit that they desire to record it as their opinion that "the irreplaceable effect of the moral factor has been too frequently neglected or forgotten."

Your Committee apologizes for dealing in some detail with this matter of "prophylaxis," but it is a subject on which women have been asking for information. We believe the evidence clearly shows that the system is a failure as a public health measure. More than this, it is clear that the system, if adopted, will imperil the morals of the youth of the community, that it will impede the efforts to abolish prostitution and make more difficult the attempts to establish a higher standard of public morals.

We may, in fact, say of this latest proposal to tolerate and condone an evil that ought to be abolished, as Mr. Abraham Flexner said of the general European system of toleration and regulation, that the first and weightiest objection to it is "not that it fails as hygiene . . . . . but that it obstructs and confounds the proper attitude of society toward all social evils, of which prostitution is one."

Fundamental preventive measures.—A further point should be insisted on, that is, that certain fundamental social reforms are necessary to protect the morals and health of the youth of our community. The problem of prostitution is not only a moral problem, it is also a problem of poverty and ignorance and exploitation. Such constructive measures are needed as the abolition of child labor, the extension of compulsory education, the enlarged provision by the community of facilities for decent recreation as a substitute for commercialized methods of recreation that too often make the path to destruction easy for the youth of the community to follow. We believe also in the necessity of improving living and working conditions and providing adequate wages for women and girls. We were told nearly two thousand years ago that "the wages of sin is death," but we know also that, too often, "the wages of virtue is dust," and we urge the women of Illinois to consider carefully the proposed minimum wage law as one means of strengthening the wage-earning girl against temptation.

The moral issue.—Finally, we do not wish to overlook the fact that women have been charged with being "sentimentalists" in this matter because they believe in the value and virtue of moral teaching. We are not afraid of this charge. Nor are we ashamed of believing that decent standards of morality must be expected of men as well as of women. We are accused of believing in "exhortation and advice," and we do believe in both. However, it should not be overlooked that women are not alone in valuing moral standards. Secretary Daniels in his abhorrence of a system that threatened to undermine the moral ideals of the young, Lord Kitchener in his fine and moving appeal to the British expeditionary forces, and the vast majority of our own army officers were also sentimentalists when they insisted on the maintenance of good morals as well as good health among their men.

On this point, we especially commend the statement made in the recently issued Fourth Annual Report of the Illinois State Department of Health (Social Hygiene Division) as to the importance of that education which helps "to guide the activities of individuals toward a right standard of conduct. In other words education must aim at developing the self-control necessary . . . . . and at inculcating sound principles of social morality," and again this report emphasizes that "instruction should be based on moral principles and spiritual considerations and should not be based only on the physical consequences of immoral conduct." Finally, the report adds with "firm conviction," that "permanent and lasting benefits in the control of venereal diseases can accrue *only through educational measures,* no matter how important treatment and suppressive measures may be . . . . ." (p. 141).

RECOMMENDATIONS

A brief summary of suggestions as to what the women of Illinois may do:

1. Co-operate with your local officials to secure the establishment in your community jointly with the Social Hygiene Division of the State Health Department of one or more free clinics to provide competent treatment for those suffering from venereal disease.

2. If such a clinic already exists in your community, co-operate with your local officials in helping them to maintain the highest possible standards. In particular, try to secure a special waiting room for women, a woman doctor, a nurse, and a social service worker.

3. Urge your representative in the State Legislature to support an increase in the appropriation for the support of these clinics during the next biennium.

4. Co-operate with your local hospital authorities in seeing that provision is made for the free voluntary care of those who have no homes in which they can remain while out of work. Try to assist the authorities in providing a social worker for these hospital cases.

5. In large cities the women's clubs could meet an urgent need by establishing a boarding home or hostel for unfortunate girls who are only clinical cases but have no proper place to stay while under treatment.

6. Insist that in your locality the city and state's attorneys enforce the law abolishing houses of prostitution.

7. Whenever prostitutes must be taken into custody insist that women police officers be detailed for this service.

8. Insist that the men who are the associates of these women also be taken into custody and that the keepers and owners of such houses be vigorously prosecuted according to the law.

9. Urge your representative in the Legislature to support the proposed repeal of Section 363, chap. 23, Revised Statutes, on the ground that it cannot be enforced without discriminating against women.

10. Urge the City Council of Chicago to make an adequate appropriation for the support of women police officers. An effort should also be made to secure a more effective organization of the women police through the establishment of a separate division. Experience has shown that such women can do much to protect public morals and to prevent young girls and young men from taking the first steps on downward paths. Women police are as greatly needed in the small towns as in the large cities, and the women's organizations in every community should insist on the appointment of at least one woman on the police force.

11. Investigate the conditions under which women offenders are held in your local police stations, county jails, or city workhouses. The vast majority of women offenders are young girls who are charged with some form of immorality. The conditions of their imprisonment at present seldom help to restore them to decent lives and do much to confirm them in their evil habits of living.

12. Study the recommendations regarding the proper treatment of women offenders in the *Cook County Jail Survey* recently issued by the Chicago Community Trust (copies may be secured from the offices of the Trust, 10 South La Salle Street). This section of the report should have the vigorous support of every woman in Chicago who has any civic or humanitarian interests.

13. Join in a state-wide movement of women to demand a legislative appropriation for the farm colony for women offenders. The Legislature of 1919 passed a law establishing a farm colony for women, but the law remains a dead letter because no appropriation has ever been made for this urgently needed institution.

14. Above all, remain staunch at all times to the "abolitionist" principles which women have so often successfully defended in the past. Make no compromise with those who believe that vice should be officially condoned or "regulated." Their counsel is a heart-breaking counsel of despair which will lead only to degradation in every community that accepts it.

(Signed) Edith Abbott, *Chairman*
Jessie F. Binford
Adena Miller Rich
Jean Leslie Stephens
Committee

Chicago, November, 1922.

(Copies may be obtained by addressing Box 77 Faculty Exchange, University of Chicago)

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